

SERIAL NUMBER <div style="text-align: center;">09/439,332</div>	FILING DATE <div style="text-align: center;">11/12/99</div>	CLASS <div style="text-align: center;">083</div>	GROUP ART UNIT <div style="text-align: center;">3724</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">99-0225</div>
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APPLICANT

JAMES T. DISHON, SHAWNEE, OH; ANTHONY C. JOHNSON, SOUTH BLOOMINGVILLE, OH.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

CD

None

****371 (NAT'L STAGE) DATA*******
 VERIFIED

CD

None

****FOREIGN APPLICATIONS*******
 VERIFIED

CD

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged CD <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY <div style="text-align: center;">OH</div>	SHEETS DRAWING <div style="text-align: center;">3</div>	TOTAL CLAIMS <div style="text-align: center;">12</div>	INDEPENDENT CLAIMS <div style="text-align: center;">3</div>
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ADDRESS

IVAR M KAARDAL
 KAARDAL AND ASSOCIATES PC
 3500 SOUTH FIRST AVE CIRCLE SUITE 250
 SIOUX FALLS SD 57105-5807

TITLE

MATERIAL CUTTING AND FEEDING MACHINE

FILING FEE RECEIVED <div style="text-align: center;">\$380</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="font-size: small;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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